Editorial

Addressing the challenges of chronic respiratory diseases

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This issue of the *Journal of Precision Respiratory Medicine* includes topics that range from pulmonary rehabilitation for chronic respiratory diseases to hypersensitivity pneumonitis (HP). Celli[1] provides a narrative review of pulmonary rehabilitation, defining it as a multifaceted intervention that improves symptoms, functional capacity, quality of life, and healthcare utilization for patients with chronic respiratory diseases, with potential survival benefits. He outlines its central goal: enhancing functional capacity, primarily through endurance training that improves muscle composition, oxidative enzymes, and mitochondrial efficiency. These physiologic changes reduce ventilatory demand, dynamic hyperinflation, and dyspnea during daily activities. Effective programs also integrate comprehensive patient education on disease understanding, medication use, vaccinations, lifestyle habits, and exacerbation management. Celli[1] emphasizes that psychological support is an essential component, addressing the anxiety and depression commonly associated with chronic respiratory conditions. Although most evidence comes from studies of chronic obstructive pulmonary disease, Celli[1] reminds us that similar benefits have been demonstrated in other symptomatic chronic respiratory diseases.

Partyka *et al*.[2] provide a narrative review on the diagnosis and management of HP. The authors define HP as an interstitial lung disease that arises in genetically predisposed individuals after immune reactions to inhaled environmental antigens, which can progress to fibrosis and reduced survival if inflammation persists. The diagnosis relies on a detailed exposure history, serologic testing, high-resolution computed tomography imaging, bronchoalveolar lavage analysis, and, when needed, histopathology. Multidisciplinary evaluation is critical to establishing diagnostic confidence and determining whether a lung biopsy is necessary. The authors emphasize that the cornerstone of management is antigen identification and avoidance, which is associated with improved mortality. They caution that pharmacologic options (corticosteroids, azathioprine, mycophenolate mofetil, and rituximab) are used despite limited evidence that supports their efficacy. For fibrotic HP, nintedanib and lung transplantation may be appropriate. The authors remind us of the unmet need for ongoing research to improve exposure assessment tools, refine serologic testing, and clarify the optimal timing and duration of available therapies.

In keeping with the *Journal of Precision Respiratory Medicine's* overall mission to disseminate timely information on advancements in the knowledge and practice of precision respiratory medicine to clinicians entrusted with patient care, we hope the articles in this issue will help foster improved patient management and outcomes. On behalf of the Editorial Board, we hope you can make practical use of the literature updates offered in this issue.

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